DOCUMENT RESUME

ED 460 477 EC 306 853

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TITLE New Jersey's Program for Youth with Special Emotional Needs: How Well Is It Working?
PUB DATE 1996-02-00
NOTE 7p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (9th, Tampa, FL, February 26-28, 1996); see EC 306 844. Table is not available from ERIC.
AVAILABLE FROM For full text: http://rtckids.fmhi.usf.edu/Proceed9th/9thprocindex.htm.
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; *Agency Cooperation; At Risk Persons; Children; *Emotional Disturbances; *Integrated Services; Interviews; *Mental Health Programs; *Outcomes of Treatment; Program Effectiveness; Surveys; Teamwork

ABSTRACT

This paper discusses the results of a study that investigated the effectiveness of the New Jersey Youth Incentive Program (YIP). The YIP program grew out of earlier private and public efforts and reflected national trends in the reform of mental health services for children. Cutting across most of these programs is the underlying principle that home-based, family-centered care within an integrated cross-system interagency structure will best serve troubled children and adolescents. This study utilized data gathered through surveys of 21 Care Assessment Resource Team (CART) coordinators, 97 CART members from the 27 state CARTs, and in-person interviews with 38 parents randomly selected from four geographic regions of the state, and 28 of their adolescent children. Results indicated the CART program is measuring up in many respects but falling short in some. Top priority is being given to children with special emotional needs who are at risk of, or referred for, residential treatment. Team membership represents a broad range of clinical and case planning expertise. Greater attention needs to be given to the composition of the CARTs to make them demographically more representative of the target families. Participating families did, however, receive the intended comprehensive and non-traditional services, which resulted in positive changes for the youth and their families. (CR)

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The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996).

ED 460 477

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Authors

Introduction Method Results References

Introduction

In August, 1991, the Youth Incentive Program (YIP), was officially launched in New Jersey. The program, which represented a major restructuring of children's mental health services, grew out of earlier private and public efforts and reflected national trends in the reform of mental health services for children. Cutting across most of these programs is the underlying principle that home-based, family-centered care within an integrated cross-system interagency structure will best serve troubled children and adolescents.

As initially set up, the YIP consisted of an administrative unit and service team in each of the 21 counties of New Jersey. The administrative structure, the County Interagency Coordinating Council (CIACC), was created for the purpose of establishing policies and structures to increase coordination and monitor interagency services. The service units, called the Case Assessment Resource Teams (CARTs), were multi-disciplinary teams charged with making a comprehensive assessment of the target youth and family and the development and follow-up of multi-system treatment plans. The priority target population was children and youth with special emotional needs in the child welfare, juvenile justice and mental health systems, who were at risk of institutional care.

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Method

Two years after its inception, a state funded process evaluation was undertaken to determine the degree to which the program was achieving its key goals. The evaluation utilized data gathered through surveys as well as statistics and information collected for administrative purposes by the state. Three different surveys were utilized: (a) a self-administered questionnaire completed by the 21 CART Coordinators in the state; (b) a telephone interview completed by 97 out of 107 sampled CART members from the 27 state CARTs; and (c) in-person interviews with 38 parents randomly selected from four geographic regions of the state, and 28 of their adolescent children.

Six major research questions addressing critical aspects of the service system model guided the evaluation:

- To what extent was the identified target population being served?
- To what extent did the system of care represent a multi-discipline, multi-system approach to delivering comprehensive integrated services to youth and their families?
- To what extent did CART members, parents, and children believe that the CARTs facilitated the active involvement of parents and youth in service planning?
- To what degree did parents and children actually participate in service planning?
- To what extent were services comprehensive, non-traditional and family-centered as well as child-focused?
- How helpful was the program to the children and their families?

Results

The children who were served (ranging from 8 to 18 years of age) clearly met the criteria for the target population. They came from the child welfare, juvenile justice, and/or mental health systems and were at risk of residential placement. Nearly all the children (97.3%) had previously been placed out of the home or were hospitalized. They had an extensive history of serious emotional disorders. Seventy-five percent had been hospitalized for a psychiatric illness. The mean age of first placement was nearly 11 years of age. On average, the child was eight when the parent first became aware that the child had a problem. Over 80% of the children had taken medication for an emotional problem.

One important program goal was to provide a structure that was multi-system and multi-discipline to provide integrated services. Our indicators showed that, indeed, the CART membership represented a broad spectrum of disciplines from diverse community providers. CART members listed more than ten areas of professional training, with the following four disciplines identified by over 80% of the

following four disciplines identified by over 80% of the respondents: social work, psychology, educational counseling, and corrections. All CARTs were comprised of representatives of three community service systems&endash;mental health, child protective services, and youth services (shelter, detention, probation, family court, etc.). Two-thirds or more of the CART teams also had client/parent advocates, children's clinical case managers, representatives of the educational system (usually child study team staff), and professionals from a broad range of other community based agencies (e.g., companionship programs, substance abuse programs, and programs for the prevention of child abuse and neglect).

These providers worked well together and CART members rated their teams in terms of five factors pertinent to the quality of working together: 1) the team members' training, experience and philosophy, 2) members' understanding of the CART mission, 3) members' acceptance of the CART mission, 4) level of cooperation, and 5) equal regard for the opinions and decisions of all standing members. Percentages of the sample rating their team good, very good, or excellent on these dimensions ranged from 87% to 95%.

On the negative side, the Team membership was not representative of the target population in terms of ethnicity and socioeconomic status. Three-quarters of the sample of CART members were Caucasian; 17.5% of the sample were African-Americans, and 3.1% were Hispanic. The balance represented primarily Asian Americans. This is in marked contrast to the target population which is made up of high proportions of African-American and Hispanic families (exact figures are not available). Supporting the demographic data are the responses of CART members to the item of whether the CART was "representative of the community" in terms of race, ethnicity, and socioeconomic status. Nearly half (46%) rated the CARTs as deficient in this respect.

With respect to parent and youth participation in the program, the CART program appeared to be doing well in certain respects and poorly in others. CART members and parents alike reported that CARTs reach out to them. The majority of parents (63.2%) were involved in developing service plans, and 62.1% of the parents were involved in providing input regarding needs, issues, and concerns. However, a substantial minority of parents (37.4%) felt that they were not receiving enough support and encouragement from CARTs, and 35.2% of the parents felt that they did not have enough input into service planning. Thus far, parents did not appear to be participating as integral members of the Team, and the more traditional professional-client boundaries remained intact. These results suggest that parents need to be empowered to a greater degree.

Although CART members reported that youth were encouraged to participate in planning services, most youth reported only minimal involvement. Only a quarter of the youth said they had been involved in developing the CART plan and had a part in carrying out the plan. Engaging the

plan and had a part in carrying out the plan. Engaging the youth in the CART process appears to require more aggressive efforts on the part of CARTs.

Smaller Family Child Teams are being established in certain counties. With the widespread use of such Teams, the CARTs may move closer to their goal of establishing professional-parent partnerships.

Families, not just the youth themselves, reported receiving services addressing a broad range of needs, thus providing evidence that the services are family-based, as well as youth-centered. Services were classified as non-traditional (e.g., paying for appliance repair), quasi-traditional (e.g., companion program), and traditional (e.g., case management, psychological counseling). While traditional services were the standard, received by nearly all families, almost two-thirds received quasi-traditional services and more than half received non-traditional services. Ratings of helpfulness varied little by category.

The most critical question of all concerned how helpful the new program was to the children and their families. The present data are based on our interviews with the 38 parents. We make no claim to have definitive answers to that question. The final answers must await the results of a larger statewide study using more rigorous methods. However, the data do provide some grounds for optimism.

The approach followed was developed by Magura & Moses (1986) and has demonstrated reliability and validity. The parent interview schedule contained questions about four types of problems: (a) the child's school adjustment, (b) conduct or behavioral problems, (c) psychological problems, and (d) parenting skills. For each specific set of problems, parents were first asked to indicate whether the problem existed when they first talked with someone from CART. If an initial problem was noted, they were asked, "Is this still true?" If the problem did not exist initially, the parents were asked "Is this true now?"

Questions pertaining to specific problems were followed by more general questions in which respondents were asked to indicate for each of the four areas the extent to which CART services had contributed to the improvement.

For each of the four problem areas an improvement score was obtained by calculating the percentage of initially identified school problems on which positive change had occurred by the time of the interview. Potential score ranges were zero to 100%. Categories were established based on the percentage of problems identified initially that were resolved by the time of the interview. Considerable improvement was represented by scores of 50% and higher (i.e., at least half the initial problems had been resolved); some improvement by scores greater than 0% to less than 50% (i.e., less than 50% of the problems had been resolved); and no improvement by

scores of 0% (i.e., none of the initially identified school-related problems had been resolved). The results are shown in Table 1. By and large, the program seemed to correspond with positive changes for the youth and their families. Outcomes, as well as other findings based on our interviews with the small sample of parents and their children are tentative and will need to be examined in a larger state-wide longitudinal study.

The CART program appears to be measuring up in many respects but falling short in some. Top priority is being given to children with special emotional needs who are at risk of, or referred for, residential treatment. Team membership represents a broad range of clinical and case planning expertise. Greater attention, however, needs to be given to the composition of the CARTS so that, demographically, they are more representative of the target families. Steps need to be taken to socialize both professionals and clients into new roles which bring them into a more equal partnership. A limited exploratory study of families provides grounds for optimism about the program, showing that families and youth received the intended comprehensive and non-traditional services and that they appeared to be helpful. Given these preliminary results, it is critical that a more rigorous outcome evaluation with a larger sample be launched, and that the program incorporate a formal and ongoing system of monitoring both process and outcome on a statewide basis.

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